

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)		WELL API NO. 30-025-09055
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LINN OPERATING, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 600 TRAVIS STREET, STE. 5100, HOUSTON, TX 77002		7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>27</u> Township <u>22S</u> Range <u>36E</u> NMPM LEA County <u></u>		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3501' GR		9. OGRID Number 269324
		10. Pool name or Wildcat SOUTH EUNICE

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT & BRADENHEAD TEST <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PLEASE SEE THE ATTACHED BRADENHEAD TEST REPORT AND MIT CHART FOR THE ABOVE MENTIONED WELL.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Alex Bolanos

TITLE Reg. Compl. Spec. 2

DATE 2/3/15

Type or print name Alex Bolanos

E-mail address: abolanos@linnenergy.com

PHONE: 281-840-4352

For State Use Only

APPROVED BY:

Bill Semanah

TITLE

Staff Manager

DATE 2/10/2015

Conditions of Approval (if any):

FEB 11 2015

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Graphic Controls

DATE
BR 22221

11/11/2015

Linn Operations
Jesse James Avenue
30 005-09055
A-27 2025-362
Chib Danc 12/22/2015
1000 #
Smt- 450 #
end 450 #
800 #

2000-002
Jesse James

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